



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/122 (10-01)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

#4  
10-23-03

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Director of the United States Patent and Trademark Office P.O. Box 1450 Alexandria, VA 22313-1450	<b>Application Number</b>	10/028,049
	<b>Filing Date</b>	December 19, 2001
	<b>First Named Inventor</b>	Quentin P. Herr
	<b>Group Art Unit</b>	2819
	<b>Examiner Name</b>	Not yet assigned
	<b>Attorney Docket Number</b>	4675-000424

Please change the Correspondence Address for the above-identified application to:

☒ **Customer Number** 27572 → 

Type Customer Number here

**OR**

<input type="checkbox"/> <b>Firm or Individual Name</b>					
<b>Address</b>					
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>Country</b>					
<b>Telephone</b>		<b>Fax</b>			

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

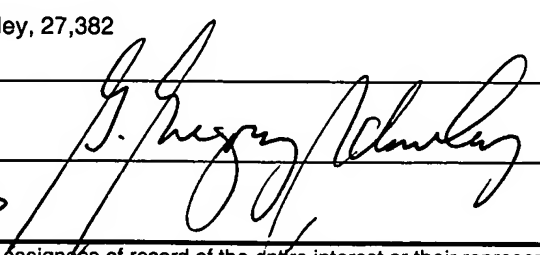
I am the :

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

<b>Typed or Printed Name</b>	G. Gregory Schivley, 27,382
<b>Signature</b>	
<b>Date</b>	July 7, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.



2819.

/SB/21 based on PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/028,049	
	<b>Filing Date</b>	December 19, 2001	
	<b>First Named Inventor</b>	Quentin P. Herr	
	<b>Group Art Unit</b>	2819	
	<b>Examiner Name</b>	Not yet assigned	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	4675-000424

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Change of Correspondence Address; Return Receipt Postcard</b>
<b>Remarks</b>		<b>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.</b>

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	Harness, Dickey & Pierce, P.L.C.	<b>Attorney Name</b>	G. Gregory Schivley	<b>Reg. No.</b>	27,382
<b>Signature</b>					
<b>Date</b>	July 7, 2003				

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.			
<b>Typed or printed name</b>	G. Gregory Schivley		
<b>Signature</b>		<b>Date</b>	July 7, 2003